

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/220,108	7/21/00	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

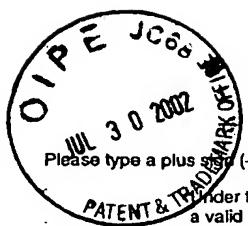
[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	
Signature	Date

Express Mail Label No.	
Date	



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 24265 → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

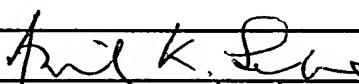
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label 24265 OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No. 34634
Address				
Address				
City		State		ZIP
Country	Telephone	(908) 298-5068		Fax (908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname				
ANIL K.		SAKSENA				
Inventor's Signature						Date 2/7/02
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship USA
Post Office Address	53 BEVERLY ROAD					
Post Office Address						
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country USA

Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VIYYOOR MOOPIL		GIRIJAVALLABHAN						
Inventor's Signature	<i>Girijavallabhan</i>						Date	2/7/02
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RAYMOND G.		LOVEY						
Inventor's Signature	<i>Raymond G. Lovey</i>						Date	2/7/02
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
EDWIN		JAO						
Inventor's Signature	<i>Edwin</i>						Date	2/7/02
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 10****Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

FRANK

BENNETT

Inventor's Signature

Frank Bennett

Date

2/7/02

Residence: City

PISCATAWAY

State

NJ

Country

USA

Citizenship

SCOTLAND

Post Office Address

419 DRACO ROAD

Post Office Address

City

PISCATAWAY

State

NJ

ZIP

08854

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

JINPING L.

MC CORMICK

Inventor's Signature

Date

Residence: City

EDISON

State

NJ

Country

USA

Citizenship

USA

Post Office Address

5 PACE DRIVE

Post Office Address

City

EDISON

State

NJ

ZIP

08820

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

HAIYAN

WANG

Inventor's Signature

Date

Residence: City

CRANBURY

State

NJ

Country

USA

Citizenship

CHINA

Post Office Address

5 CUBBERLY COURT

Post Office Address

City

CRANBURY

State

NJ

ZIP

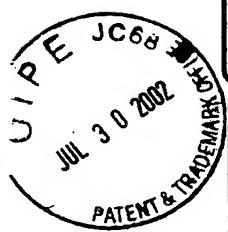
08512

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

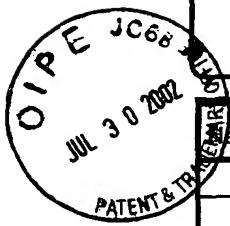
Please type a plus sign (+) inside this box → +



DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature	<i>Russell E. Pike</i>				Date	27/6/02	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature	<i>Stephane L. Bogen</i>				Date	27/6/02	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature	<i>Tin-Yau Chan</i>				Date	27/6/02	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 10

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

YI-TSUNG

LIU

Date 02/07/2002

Inventor's Signature

Residence: City MORRIS TOWNSHIP State NJ Country USA Citizenship U.S.A.

Post Office Address 34 ALEXANDRIA ROAD

Post Office Address

City MORRIS TOWNSHIP State NJ ZIP 07960 Country USA

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ZHAONING

ZHU

Date 02/07/02

Inventor's Signature

Residence: City EAST WINDSOR State NJ Country USA Citizenship CHINA

Post Office Address 34 STONEHEDGE DRIVE

Post Office Address

City EAST WINDSOR State NJ ZIP 08520 Country USA

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

F. GEORGE

NJOROGE

Date 02/07/02

Inventor's Signature

Residence: City WARREN State NJ Country USA Citizenship KENYA

Post Office Address 11 SOFTWOOD WAY

Post Office Address

City WARREN State NJ ZIP 07059 Country USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PATENT & TRADEMARK OFFICE

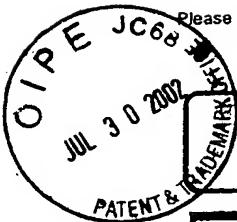
DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 5 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ASHOK		ARASAPPAN						
Inventor's Signature	<i>Ashok Arasappan</i>						Date	2/7/02
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ASHIT K.		GANGULY						
Inventor's Signature	<i>Ashit K. Ganguly</i>						Date	2/19/2002
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

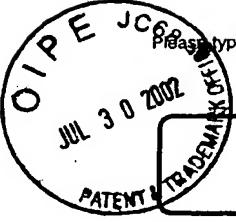


DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 6 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
KEVIN X.		CHEN						
Inventor's Signature							Date	2/7/02
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	44 GILL LANE, APT. 1D							
Post Office Address								
City	ISELIN	State	NJ	ZIP	08830	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SRIKANTH		VENKATRAMAN						
Inventor's Signature							Date	2/7/02
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	35 ROANOKE STREET							
Post Office Address								
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HENRY A.		VACCARO						
Inventor's Signature							Date	2/7/02
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	123 SOMERSET AVENUE							
Post Office Address								
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION

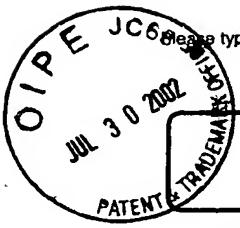
ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 7 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature	<i>Patrick A. Pinto</i>						2/7/02 Date
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BAMA		SANTHANAM					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+
+

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 8 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ODILE ESTHER			LEVY				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
MARGUERITA			LIM-WILBY				
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SUSAN Y.			TAMURA				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → +
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 9 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
WANLI		WU						
Inventor's Signature	<i>Wanli</i>						Date	2/8/02
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	30 SHEPPARD PLACE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
SISKA		HENDRATA						
Inventor's Signature	<i>Felix Hendrata</i>						Date	2/8/02
Residence: City	ROCKAWAY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	15 FLINTLOCK TERRACE							
Post Office Address								
City	ROCKAWAY	State	NJ	ZIP	07866	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
YUHUA		HUANG 2/8/02						
Inventor's Signature	<i>Yuhua</i>						Date	2/8/02
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	61 SPRUCE MILL LANE							
Post Office Address								
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type or print sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature	<i>Jesse K. Wong</i>		Date 2-7-02
Residence: City MONROE TOWNSHIP	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City MONROE TOWNSHIP	State NJ	ZIP 08831	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature	<i>Latha G.</i>		Date 7/02/02
Residence: City SCOTCH PLAINS	State NJ	Country U.S.A.	Citizenship INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City SCOTCH PLAINS	State NJ	ZIP 07076	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name		Date
Signature		

Express Mail Label No.

Date

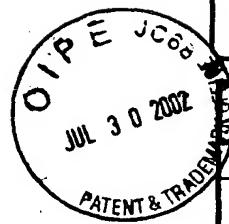
DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
09/908,955	7/19/01					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 24265 → <input type="checkbox"/> Place Customer Number Bar Code Label here <input type="checkbox"/> Registered practitioner(s) name/registration number listed below						
Name	Registration Number	Name	Registration Number			
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.						
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24265 OR <input type="checkbox"/> Correspondence address below						
Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634					
Address						
Address						
City		State		ZIP		
Country	Telephone	(908) 298-5068		Fax	(908) 298-5388	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname			
ANIL K.			SAKSENA			
Inventor's Signature					Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship USA
Post Office Address	53 BEVERLY ROAD					
Post Office Address						
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country USA
<input checked="" type="checkbox"/> Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 1 of 10**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

VIYYOOR MOOPIL

GIRIJAVALLABHAN

Inventor's Signature							Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
RAYMOND G.				LOVEY				
Inventor's Signature							Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
EDWIN				JAO				
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
FRANK		BENNETT					
Inventor's Signature							Date
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JINPING L.		MC CORMICK					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HAIYAN		WANG					
Inventor's Signature							Date
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 3 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
RUSSELL E.			PIKE				
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
STEPHANE L.			BOGEN				
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
TIN-YAU			CHAN				
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 10****Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

YI-TSUNG

LIU

Inventor's Signature

Date

Residence: City

MORRIS TOWNSHIP

State

NJ

Country

USA

Citizenship

U.S.A.

Post Office Address

34 ALEXANDRIA ROAD

Post Office Address

City

MORRIS TOWNSHIP

State

NJ

ZIP

07960

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ZHAONING

ZHU

Inventor's Signature

Date

Residence: City

EAST WINDSOR

State

NJ

Country

USA

Citizenship

CHINA

Post Office Address

34 STONEHEDGE DRIVE

Post Office Address

City

EAST WINDSOR

State

NJ

ZIP

08520

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

F. GEORGE

NJOROGE

Inventor's Signature

Date

Residence: City

WARREN

State

NJ

Country

USA

Citizenship

KENYA

Post Office Address

11 SOFTWOOD WAY

Post Office Address

City

WARREN

State

NJ

ZIP

07059

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box → +

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>10</u>
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>6</u> of <u>10</u>
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
KEVIN X.		CHEN						
Inventor's Signature							Date	
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	44 GILL LANE, APT. 1D							
Post Office Address								
City	ISELIN	State	NJ	ZIP	08830	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SRIKANTH		VENKATRAMAN						
Inventor's Signature							Date	
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	35 ROANOKE STREET							
Post Office Address								
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HENRY A.		VACCARO						
Inventor's Signature							Date	
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	123 SOMERSET AVENUE							
Post Office Address								
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
PATRICK A.		PINTO						
Inventor's Signature							Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	34 BATTLE RIDGE ROAD							
Post Office Address								
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
BAMA		SANTHANAM						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	10 SOMERSET AVENUE							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SCOTT JEFFREY		KEMP						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	7873 AVENIDA NAVIDAD #263							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>8</u> of <u>10</u>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature	<i>Odile Esther Levy</i>						Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM-WILBY					
Inventor's Signature							Date
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SUSAN Y.		TAMURA					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sh et Page <u>9</u> of <u>10</u>					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
WANLI				WU					
Inventor's Signature								Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA		
Post Office Address	30 SHEPPARD PLACE								
Post Office Address									
City	EDISON	State	NJ	ZIP	08817	Country	USA		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
SISKA				HENDRATA					
Inventor's Signature								Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA		
Post Office Address	25 CINDER ROAD, APT. 2F								
Post Office Address									
City	EDISON	State	NJ	ZIP	08820	Country	USA		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
YUHUA				HUANG					
Inventor's Signature								Date	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA		
Post Office Address	61 SPRUCE MILL LANE								
Post Office Address									
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JESSE K.		WONG					
Inventor's Signature		Date					
Residence: City	MONROE TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE							
Mailing Address							
City	MONROE TOWNSHIP	State	NJ	ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
LATHA G.		NAIR					
Inventor's Signature		Date					
Residence: City	SCOTCH PLAINS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE							
Mailing Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		ZIP		Country	

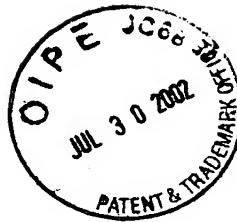
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains
a valid OMB control number.



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

Is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

Date

Please type a plus sign (+) inside this box →

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
09/908,955	7/19/01						
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 24265 → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24265		OR <input type="checkbox"/> Correspondence address below					
Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634						
Address							
Address							
City	State	ZIP					
Country	Telephone	(908) 298-5068	Fax (908) 298-5388				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
ANIL K.		SAKSENA					
Inventor's Signature				Date			
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

Please type a plus sign (+) inside this box → **DECLARATION**
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 1 of 10
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

VIYYOOR MOOPIL

GIRIJAVALLABHAN

Inventor's Signature

Date

Residence: City

PARSIPPANY

State

NJ

Country

USA

Citizenship

USA

Post Office Address

10 MAPLEWOOD DRIVE

Post Office Address

City

PARSIPPANY

State

NJ

ZIP

07054

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

RAYMOND G.

LOVEY

Inventor's Signature

Date

Residence: City

WEST CALDWELL

State

NJ

Country

USA

Citizenship

USA

Post Office Address

65 WOODSIDE AVENUE

Post Office Address

City

WEST CALDWELL

State

NJ

ZIP

07006

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

EDWIN

JAO

Inventor's Signature

Date

Residence: City

WARREN

State

NJ

Country

USA

Citizenship

USA

Post Office Address

20 CROSSWOOD WAY

Post Office Address

City

WARREN

State

NJ

ZIP

07059

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 2 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
FRANK		BENNETT					
Inventor's Signature							Date
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JINPING L.		MC CORMICK					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HAIYAN		WANG					
Inventor's Signature							Date
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
RUSSELL E.		PIKE						
Inventor's Signature							Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	RD #1, 31 FLORENCE STREET							
Post Office Address								
City	STANHOPE	State	NJ	ZIP	07874	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
STEPHANE L.		BOGEN						
Inventor's Signature							Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE	
Post Office Address	13 DAHLIA ROAD							
Post Office Address								
City	SOMERSET	State	NJ	ZIP	08873	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
TIN-YAU		CHAN						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG	
Post Office Address	26 BARLOW ROAD							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>10</u>					
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname					
YI-TSUNG				LIU					
Inventor's Signature								Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.		
Post Office Address	34 ALEXANDRIA ROAD								
Post Office Address									
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA		
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname					
ZHAONING				ZHU					
Inventor's Signature								Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA		
Post Office Address	34 STONEHEDGE DRIVE								
Post Office Address									
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA		
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname					
F. GEORGE				NJOROGE					
Inventor's Signature								Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA		
Post Office Address	11 SOFTWOOD WAY								
Post Office Address									
City	WARREN	State	NJ	ZIP	07059	Country	USA		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature					Date		
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature					Date		
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature					Date		
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 6 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
KEVIN X.			CHEN				
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SRIKANTH			VENKATRAMAN				
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
HENRY A.			VACCARO				
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>7</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
PATRICK A.		PINTO						
Inventor's Signature							Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	34 BATTLE RIDGE ROAD							
Post Office Address								
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
BAMA		SANTHANAM						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	10 SOMERSET AVENUE							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
SCOTT JEFFREY		KEMP						
Inventor's Signature	<i>Scott Jeffrey Kemp</i>						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	7873 AVENIDA NAVIDAD #263							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box →

DECLARATION

**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 10**

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ODILE ESTHER

LEVY

Inventor's Signature

Date

Residence: City

SAN DIEGO

State

CA

Country

USA

Citizenship

USA

Post Office Address

5304 RUETTE DE MER

Post Office Address

City

SAN DIEGO

State

NJ

ZIP

92130

Country

USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

MARGUERITA

LIM-WILBY

Inventor's Signature

Date

Residence: City

LA JOLLA

State

CA

Country

USA

Citizenship

MALAYSIA

Post Office Address

6333 CASTENJON DRIVE

Post Office Address

City

SANTA FE

State

NM

ZIP

92037

Country

USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

SUSAN Y.

TAMURA

Inventor's Signature

Date

Residence: City

SAN DIEGO

State

CA

Country

USA

Citizenship

USA

Post Office Address

9166 BEDEL COURT

Post Office Address

City

SAN DIEGO

State

CA

ZIP

92129

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
WANLI		WU					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SISKA		HENDRATA					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
YUHUA		HUANG					
Inventor's Signature							Date
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **[+]**

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (11-00)

DECLARATION **ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JESSE K.		WONG					
Inventor's Signature		Date					
Residence: City	MONROE TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE							
Mailing Address							
City MONROE TOWNSHIP		State	NJ	ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
LATHA G.		NAIR					
Inventor's Signature		Date					
Residence: City	SCOTCH PLAINS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE							
Mailing Address							
City SCOTCH PLAINS		State	NJ	ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/220,108	7/21/00	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

Date

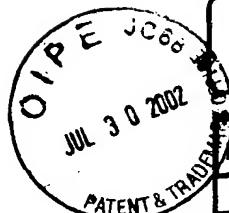
Please type a plus sign (+) inside this box → **DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)			
09/908,955		7/19/01					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <input type="text" value="24265"/> <input type="checkbox"/> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below Place Customer Number Bar Code Label here							
Name	Registration Number	Name		Registration Number			
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="24265"/> <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below							
Name	PALAIYUR S. KALYANARAMAN		Reg. No. 34634				
Address							
Address							
City			State		ZIP		
Country	Telephone	(908) 298-5068		Fax	(908) 298-5388		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)			Family Name or Surname				
ANIL K.			SAKSENA				
Inventor's Signature					Date		
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>8</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

Please type a plus sign (+) Inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>10</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
VIYYOOR MOOPIL				GIRIJAVALLABHAN				
Inventor's Signature								Date
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname				
RAYMOND G.				LOVEY				
Inventor's Signature								Date
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname				
EDWIN				JAO				
Inventor's Signature								Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →
DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 2 of 10
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

FRANK

BENNETT

Inventor's Signature

Date

Residence: City

PISCATAWAY

State

NJ

Country

USA

Citizenship

SCOTLAND

Post Office Address

419 DRACO ROAD

Post Office Address

City

PISCATAWAY

State

NJ

ZIP

08854

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

JINPING L.

MC CORMICK

Inventor's Signature

Date

Residence: City

EDISON

State

NJ

Country

USA

Citizenship

USA

Post Office Address

5 PACE DRIVE

Post Office Address

City

EDISON

State

NJ

ZIP

08820

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

HAIYAN

WANG

Inventor's Signature

Date

Residence: City

CRANBURY

State

NJ

Country

USA

Citizenship

CHINA

Post Office Address

5 CUBBERLY COURT

Post Office Address

City

CRANBURY

State

NJ

ZIP

08512

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>10</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
RUSSELL E.				PIKE				
Inventor's Signature								Date
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	RD #1, 31 FLORENCE STREET							
Post Office Address								
City	STANHOPE	State	NJ	ZIP	07874	Country	USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
STEPHANE L.				BOGEN				
Inventor's Signature								Date
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE	
Post Office Address	13 DAHLIA ROAD							
Post Office Address								
City	SOMERSET	State	NJ	ZIP	08873	Country	USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
TIN-YAU				CHAN				
Inventor's Signature								Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG	
Post Office Address	26 BARLOW ROAD							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) Inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YI-TSUNG		LIU						
Inventor's Signature							Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.	
Post Office Address	34 ALEXANDRIA ROAD							
Post Office Address								
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ZHAONING		ZHU						
Inventor's Signature							Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	34 STONEHEDGE DRIVE							
Post Office Address								
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
F. GEORGE		NJOROGE						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA	
Post Office Address	11 SOFTWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>6</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
KEVIN X.		CHEN						
Inventor's Signature							Date	
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	44 GILL LANE, APT. 1D							
Post Office Address								
City	ISELIN	State	NJ	ZIP	08830	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SRIKANTH		VENKATRAMAN						
Inventor's Signature							Date	
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	35 ROANOKE STREET							
Post Office Address								
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HENRY A.		VACCARO						
Inventor's Signature							Date	
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	123 SOMERSET AVENUE							
Post Office Address								
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

DECLARATION
ADDITIONAL INVENTOR(S)
 Suppl mental She t
 Page 7 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature							Date
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BAMA		SANTHANAM					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION
ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 8 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM WILBY					
Inventor's Signature	<i>Marguerita Wilby</i>						Date
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SUSAN Y.		TAMURA					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 9 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
WANLI		WU					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SISKA		HENDRATA					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
YUHUA		HUANG					
Inventor's Signature							Date
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature		Date	
Residence: City MONROE TOWNSHIP	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City MONROE TOWNSHIP	State NJ	ZIP 08831	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature		Date	
Residence: City SCOTCH PLAINS	State NJ	Country U.S.A.	Citizenship INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City SCOTCH PLAINS	State NJ	ZIP 07076	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

Date

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/00. OMB 0651-0032

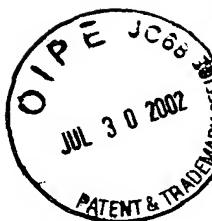
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
09/908,955	7/19/01						
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 24265 → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24265 OR <input type="checkbox"/> Correspondence address below							
Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634						
Address							
Address							
City	State	ZIP					
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)			Family Name or Surname				
ANIL K.			SAKSENA				
Inventor's Signature				Date			
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

Please type a plus sign (+) inside this box → +



DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>10</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
VIYYOOR MOOPIL				GIRIJAVALLABHAN				
Inventor's Signature								Date
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname				
RAYMOND G.				LOVEY				
Inventor's Signature								Date
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname				
EDWIN				JAO				
Inventor's Signature								Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

+
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
FRANK		BENNETT					
Inventor's Signature							Date
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JINPING L.		MC CORMICK					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HAIYAN		WANG					
Inventor's Signature							Date
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
RUSSELL E.		PIKE					
Inventor's Signature							Date
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TIN-YAU		CHAN					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
YI-TSUNG		LIU					
Inventor's Signature							Date
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ZHAONING		ZHU					
Inventor's Signature							Date
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
F. GEORGE		NJOROGE					
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ASHOK		ARASAPPAN					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TEJAL		PAREKH					
Inventor's Signature							Date
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ASHIT K.		GANGULY					
Inventor's Signature							Date
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 6 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SRIKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HENRY A.		VACCARO					
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Page 7 of 10

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature							Date
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BAMA		SANTHANAM					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM-WILBY					
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SUSAN Y.		TAMURA					
Inventor's Signature	<i>Susan Y. Tamura</i>					Date	2/26/02
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 9 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
WANLI		WU					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SISKA		HENDRATA					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
YUHUA		HUANG					
Inventor's Signature							Date
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 10 of 10

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
JESSE K.	WONG		
Inventor's Signature	Date		
Residence: City MONROE TOWNSHIP	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City MONROE TOWNSHIP	State NJ	ZIP 08831	Country U.S.A.
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
LATHA G.	NAIR		
Inventor's Signature	Date		
Residence: City SCOTCH PLAINS	State NJ	Country U.S.A.	Citizenship INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City SCOTCH PLAINS	State NJ	ZIP 07076	Country U.S.A.
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto
OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/220,108	7/21/00	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name		Date
Signature		

Express Mail Label No.	
Date	

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634			
Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

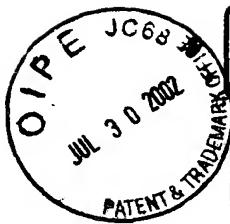
Given Name (first and middle if any)		Family Name or Surname					
ANIL K.		SAKSENA					
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VIYYOOR MOOPIL		GIRIJAVALLABHAN						
Inventor's Signature							Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RAYMOND G.		LOVEY						
Inventor's Signature							Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
EDWIN		JAO						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

+
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
FRANK		BENNETT					
Inventor's Signature							Date
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JINPING L.		MC CORMICK					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HAIYAN		WANG					
Inventor's Signature							Date
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
RUSSELL E.		PIKE					
Inventor's Signature							Date
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TIN-YAU		CHAN					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>10</u>
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YI-TSUNG		LIU						
Inventor's Signature							Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.	
Post Office Address	34 ALEXANDRIA ROAD							
Post Office Address								
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ZHAONING		ZHU						
Inventor's Signature							Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	34 STONEHEDGE DRIVE							
Post Office Address								
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
F. GEORGE		NJOROGE						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA	
Post Office Address	11 SOFTWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
KEVIN X.		CHEN						
Inventor's Signature							Date	
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	44 GILL LANE, APT. 1D							
Post Office Address								
City	ISELIN	State	NJ	ZIP	08830	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SRIKANTH		VENKATRAMAN						
Inventor's Signature							Date	
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	35 ROANOKE STREET							
Post Office Address								
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HENRY A.		VACCARO						
Inventor's Signature							Date	
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	123 SOMERSET AVENUE							
Post Office Address								
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

DECLARATION
+ ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature							Date
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BAMA		SANTHANAM					
Inventor's Signature	<i>S. Bama.</i>						Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>8</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ODILE ESTHER		LEVY						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	5304 RUETTE DE MER							
Post Office Address								
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
MARGUERITA		LIM-WILBY						
Inventor's Signature							Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA	
Post Office Address	6333 CASTENJON DRIVE							
Post Office Address								
City	SANTA FE	State	NM	ZIP	92037	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
SUSAN Y.		TAMURA						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	9166 BEDEL COURT							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
WANLI		WU					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SISKA		HENDRATA					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
YUHUA		HUANG					
Inventor's Signature							Date
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

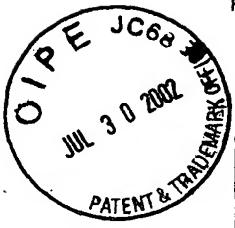
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature		Date	
Residence: City MONROE TOWNSHIP	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City MONROE TOWNSHIP	State NJ	ZIP 08831	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature		Date	
Residence: City SCOTCH PLAINS	State NJ	Country U.S.A.	Citizenship INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City SCOTCH PLAINS	State NJ	ZIP 07076	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/220,108	7/21/00	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

Date

Please type a plus sign (+) inside this box →

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)			
09/908,955		7/19/01					
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <input type="text" value="24265"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <input type="text" value="24265"/> OR <input type="checkbox"/> Correspondence address below							
Name	PALAIYUR S. KALYANARAMAN			Reg. No. 34634			
Address							
Address							
City		State		ZIP			
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)			Family Name or Surname				
ANIL K.			SAKSENA				
Inventor's Signature					Date		
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>8</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

Please type a plus sign (+) Inside this box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 10

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

VIYYOOR MOOPIL

GIRIJAVALLABHAN

Inventor's Signature

Date

Residence: City

PARSIPPANY

State

NJ

Country

USA

Citizenship

USA

Post Office Address

10 MAPLEWOOD DRIVE

Post Office Address

City

PARSIPPANY

State

NJ

ZIP

07054

Country

USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

RAYMOND G.

LOVEY

Inventor's Signature

Date

Residence: City

WEST CALDWELL

State

NJ

Country

USA

Citizenship

USA

Post Office Address

65 WOODSIDE AVENUE

Post Office Address

City

WEST CALDWELL

State

NJ

ZIP

07006

Country

USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

EDWIN

JAO

Inventor's Signature

Date

Residence: City

WARREN

State

NJ

Country

USA

Citizenship

USA

Post Office Address

20 CROSSWOOD WAY

Post Office Address

City

WARREN

State

NJ

ZIP

07059

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
FRANK		BENNETT					
Inventor's Signature							Date
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JINPING L.		MC CORMICK					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HAIYAN		WANG					
Inventor's Signature							Date
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

+
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>10</u>
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
RUSSELL E.		PIKE					
Inventor's Signature							Date
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TIN-YAU		CHAN					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YI-TSUNG		LIU						
Inventor's Signature							Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.	
Post Office Address	34 ALEXANDRIA ROAD							
Post Office Address								
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ZHAONING		ZHU						
Inventor's Signature							Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	34 STONEHEDGE DRIVE							
Post Office Address								
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
F. GEORGE		NJOROGE						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA	
Post Office Address	11 SOFTWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 5 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TEJAL		PAREKH						
Inventor's Signature	<i>Spareul</i>						Date	11/31/02
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>6</u> of <u>10</u>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
KEVIN X.		CHEN						
Inventor's Signature							Date	
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	44 GILL LANE, APT. 1D							
Post Office Address								
City	ISELIN	State	NJ	ZIP	08830	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
SRIKANTH		VENKATRAMAN						
Inventor's Signature							Date	
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	35 ROANOKE STREET							
Post Office Address								
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
HENRY A.		VACCARO						
Inventor's Signature							Date	
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	123 SOMERSET AVENUE							
Post Office Address								
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature							Date
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BAMA		SANTHANAM					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>8</u> of <u>10</u>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ODILE ESTHER			LEVY				
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
MARGUERITA			LIM-WILBY				
Inventor's Signature							Date
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SUSAN Y.			TAMURA				
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>9</u> of <u>10</u>
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
WANLI		WU						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	30 SHEPPARD PLACE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SISKA		HENDRATA						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	25 CINDER ROAD, APT. 2F							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YUHUA		HUANG						
Inventor's Signature							Date	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	61 SPRUCE MILL LANE							
Post Office Address								
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JESSE K.		WONG					
Inventor's Signature		Date					
Residence: City	MONROE TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE							
Mailing Address							
City	MONROE TOWNSHIP	State	NJ	ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
LATHA G.		NAIR					
Inventor's Signature		Date					
Residence: City	SCOTCH PLAINS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE							
Mailing Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name		Date
Signature		

Express Mail Label No.

Date

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>	
09/908,955	7/19/01		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 24265 → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24265 OR <input type="checkbox"/> Correspondence address below			
Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634		
Address			
Address			
City		State	ZIP
Country	Telephone	(908) 298-5068	Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)			Family Name or Surname			
ANIL K.			SAKSENA			
Inventor's Signature						Date
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship
USA						
Post Office Address	53 BEVERLY ROAD					
Post Office Address						
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country
USA						
<input checked="" type="checkbox"/> Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

Please type a plus sign (+) Inside this box → +

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 1 of 10**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

VIYYOOR MOOPIL

GIRIJAVALLABHAN

Inventor's Signature

Date

Residence: City

PARSIPPANY

State

NJ

Country

USA

Citizenship

USA

Post Office Address

10 MAPLEWOOD DRIVE

Post Office Address

City

PARSIPPANY

State

NJ

ZIP

07054

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

RAYMOND G.

LOVEY

Inventor's Signature

Date

Residence: City

WEST CALDWELL

State

NJ

Country

USA

Citizenship

USA

Post Office Address

65 WOODSIDE AVENUE

Post Office Address

City

WEST CALDWELL

State

NJ

ZIP

07006

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

EDWIN

JAO

Inventor's Signature

Date

Residence: City

WARREN

State

NJ

Country

USA

Citizenship

USA

Post Office Address

20 CROSSWOOD WAY

Post Office Address

City

WARREN

State

NJ

ZIP

07059

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
FRANK		BENNETT						
Inventor's Signature							Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND	
Post Office Address	419 DRACO ROAD							
Post Office Address								
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
JINPING L.		MC CORMICK						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	5 PACE DRIVE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
HAIYAN		WANG						
Inventor's Signature	<i>Haiyan</i>						Date	<u>3-11-02</u>
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) Inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature					Date		
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature					Date		
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature					Date		
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →
DECLARATION **ADDITIONAL INVENTOR(S)**
Suppl mental Sheet
 Page 4 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG		LIU					
Inventor's Signature							Date
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING		ZHU					
Inventor's Signature							Date
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE		NJOROGE					
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature					Date		
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature					Date		
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature					Date		
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>6</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SRIKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HENRY A.		VACCARO					
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>7</u> of <u>10</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
PATRICK A.				PINTO				
Inventor's Signature							Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	34 BATTLE RIDGE ROAD							
Post Office Address								
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname				
BAMA				SANTHANAM				
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	10 SOMERSET AVENUE							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname				
SCOTT JEFFREY				KEMP				
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	7873 AVENIDA NAVIDAD #263							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>8</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ODILE ESTHER		LEVY						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	5304 RUETTE DE MER							
Post Office Address								
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
MARGUERITA		LIM-WILBY						
Inventor's Signature							Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA	
Post Office Address	6333 CASTENJON DRIVE							
Post Office Address								
City	SANTA FE	State	NM	ZIP	92037	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SUSAN Y.		TAMURA						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	9166 BEDEL COURT							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JESSE K.		WONG					
Inventor's Signature		Date					
Residence: City	MONROE TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE							
Mailing Address							
City	MONROE TOWNSHIP	State	NJ	ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
LATHA G.		NAIR					
Inventor's Signature		Date					
Residence: City	SCOTCH PLAINS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE							
Mailing Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City	State	Country	Citizenship				
Mailing Address							
Mailing Address							
City	State	ZIP	Country				

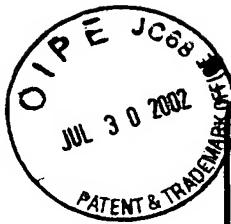
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/220,108	7/21/00	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	
Signature	

Express Mail Label No.	<input type="text"/>
Date	<input type="text"/>

Please type a plus sign (+) inside this box →

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **24265** → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label **24265** → **OR** Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634		
Address			
Address			
City	State	ZIP	
Country	Telephone	(908) 298-5068	Fax (908) 298-5388

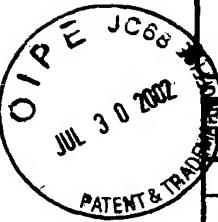
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)				Family Name or Surname				
ANIL K.		SAKSENA						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	53 BEVERLY ROAD							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Additional inventors are being named on the **8** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>10</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
VIYYOOR MOOPIL				GIRIJAVALLABHAN				
Inventor's Signature								Date
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	Family Name or Surname							
RAYMOND G.				LOVEY				
Inventor's Signature								Date
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	Family Name or Surname							
EDWIN				JAO				
Inventor's Signature								Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box → ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 10

DECLARATION							
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
FRANK		BENNETT					
Inventor's Signature							Date
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JINPING L.		MC CORMICK					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HAIYAN		WANG					
Inventor's Signature							Date
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 3 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
RUSSELL E.		PIKE					
Inventor's Signature							Date
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TIN-YAU		CHAN					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 4 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG		LIU					
Inventor's Signature							Date
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING		ZHU					
Inventor's Signature							Date
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE		NJOROGE					
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>10</u>			
--------------------	--	---	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ASHOK		ARASAPPAN					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TEJAL		PAREKH					
Inventor's Signature							Date
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ASHIT K.		GANGULY					
Inventor's Signature							Date
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

+
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>6</u> of <u>10</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SRIKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HENRY A.		VACCARO					
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

+
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>7</u> of <u>10</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature							Date
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BAMA		SANTHANAM					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplem ntal Sheet
Page 8 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM-WILBY					
Inventor's Signature							Date
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SUSAN Y.		TAMURA					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Suppl mental Sheet
Page 9 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
WANLI		WU					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SISKA		HENDRATA					
Inventor's Signature							Date
Residence: City	ROCKAWAY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	15 FLINTLOCK TERRACE						
Post Office Address							
City	ROCKAWAY	State	NJ	ZIP	07866	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
YUHUA		HUANG					
Inventor's Signature							Date
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JESSE K.		WONG					
Inventor's Signature		Date					
Residence: City	MONROE TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE							
Mailing Address							
City	MONROE TOWNSHIP	State	NJ	ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
LATHA G.		NAIR					
Inventor's Signature		Date					
Residence: City	SCOTCH PLAINS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE							
Mailing Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.